



**OK Champion**

**OK Champion**  
4714 Sheffield Avenue  
Hammond, Indiana 46325  
P.O. BOX 585  
(800) 431-9192 • (219) 933-0510 • FAX (219) 933-0120

www.okchampion.com • sales@okchampion.com

**OK Champion - Replacement Part Order Form**

Please fill out the appropriate fields below and FAX this form to OK Champion, (219) 933-0120. Your order will be processed by an OK Champion representative, and we will contact you to confirm the order/information.

**Part Information**

Please allow one working day for order confirmation. An OK Champion representative will call or FAX to confirm your Purchase Order Number and the contents and price of your order before shipment.

Part Number: _____	Quantity: _____	Part Number: _____	Quantity: _____
Part Number: _____	Quantity: _____	Part Number: _____	Quantity: _____
Part Number: _____	Quantity: _____	Part Number: _____	Quantity: _____
Part Number: _____	Quantity: _____	Part Number: _____	Quantity: _____

Purchase Order Number: \_\_\_\_\_  
(Illinois and Indiana residents must pay sales tax unless a tax exemption form has been filed with OK Champion.)

Distributor (if known): \_\_\_\_\_

Call (800) 431-9192 if Next Day delivery is needed.

Choose one method of delivery:

- Priority Overnight
- Standard Overnight
- 2nd Day
- Ground
- Customer Pick-up
- Need Cost for Shipping Calculated

**Shipping Address/Contact**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 e-mail Address: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
 FAX: (\_\_\_\_\_) \_\_\_\_\_

**Billing Address/Contact**

Same as Shipping Address

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 e-mail Address: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
 FAX: (\_\_\_\_\_) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
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